Amendments to the Claims

This listing of claims is intended to replace all prior versions and listings of claims in the aboveidentified application.

- (Currently amended) A method of inducing B cell apoptosis comprising:
 contacting a B cell with a polyelonal anti-thymocyte serum or at least one of a
 plurality of monoclonal antibodies, or effective binding fragments or variants thereof, that bind to
 a B cell surface marker selected from the group of CD27, CD30, CD32, CD38, CD95, CD138,
 HLA-DR, HLA-A, HLA-B, and HLA-C, markers under conditions effective to induce apoptosis of
 the contacted B cell.
- (Original) The method according to claim 1 wherein the B cell is selected
 from the group of immature B cells, naïve B cells, activated B cells, memory B cells, blastic B
 cells, and plasma B cells.
- (Original) The method according to claim 1 wherein the B cell is a CD19[†] peripheral blood B cell, CD40L activated B cell plasmablast, and/or normal human plasma cell.
 - 4-6. (Cancelled)
- (Currently amended) The method according to claim 1 6 wherein the monoclonal antibodies are humanized monoclonal antibodies or fragments thereof.
- 8. (Currently amended) The method according to claim 1 6 wherein the plurality of monoclonal antibodies comprise two or more antibodies, or effective <u>binding</u> fragments or variants thereof <u>that bind to different cell surface markers</u>, that recognize a B-cell surface marker selected from the group of CD16, CD19, CD20, CD27, CD30, CD32, CD38, CD40, CD45, CD80, CD86, CD95, CD138, HLA-A, HLA-B, HLA-C, HLA-DR, HLA-DP, MHC Class I, MHC Class II, slgG, slgM, slgD, slgE, and slgA, hyaluronic acid receptor, alpha interferon receptor, Ig Kappa or lambda light chain, Ig heavy chain, and TNF proteins.
 - 9. (Original) The method according to claim 1 wherein the B cell is in vitro.
 - 10. (Original) The method according to claim 1 wherein the B cell is in vivo.

 (Currently Amended) A method of inducing apoptosis in myeloma cells comprising:

contacting a mycloma cell with a polyclonal anti-thymocyte serum or at least one of a plurality of monoclonal antibodies, or effective binding fragments or variants thereof, that bind to a mycloma cell surface marker selected from the group of CD30, CD32, CD38, CD95, CD138, HLA-A, HLA-B, and HLA-C, under conditions effective to induce mycloma cell apoptosis.

12-14. (Cancelled)

- (Currently Amended) The method according to claim <u>11</u> 44 wherein the monoclonal antibodies are humanized monoclonal antibodies or fragments thereof.
- 16. (Currently Amended) The method according to claim 11 44 wherein the plurality of monoclonal antibodies or effective binding fragments thereof comprise two or more antibodies, or effective binding fragments or variants thereof, that bind to different cell surface markers, that recognize a myeloma cell surface marker selected from the group of CD16, CD19, CD20, CD27, CD30, CD32, CD38, CD40, CD45, CD80, CD86, CD95, CD138, HLA-A, HLA-B, HLA-C, HLA-DR, HLA-DQ, HLA-DP, MHC Class I, MHC Class II, slgG, slgM, slgD, slgE, and slgA, hyaluronic acid receptor, alpha interferon receptor, Ig Kappa or lambda light chain, Ig heavy chain, and TNF proteins.
- 17. (Currently Amended) The method according to claim $\underline{11}$ 44 wherein the myeloma cell is CD138 $^{+}$.
- 18. (Original) The method according to claim 11 wherein the myeloma cell is in vitro.
- (Original) The method according to claim 11 wherein the myeloma cell is in vivo.
- (Currently Amended) A method of treating multiple myeloma comprising: providing either (i) an agent consisting of a polyclonal anti-thymocyte serum or (ii) at least one of a plurality of monoclonal antibodies, or effective binding fragments or variants

thereof, that bind to a myeloma cell surface marker <u>selected from the group of CD30, CD32,</u> CD38, CD95, CD138, HLA-A, HLA-B, and HLA-C; and

administering to a patient experiencing multiple myeloma <u>and comprising myeloma</u> <u>cells</u> an amount of (i) or (ii) that is effective to destroy myeloma cells, thereby treating the multiple myeloma condition.

- (Currently Amended) The method according to claim 20 wherein said method is carried out using the agent consisting of the a polyclonal anti-thymocyte serum.
- (Original) The method according to claim 21 wherein the polyclonal antithymocyte serum is from a primate or pig.
- (Currently Amended) The method according to claim 20 wherein said method is carried out using at least one of a plurality of monoclonal antibodies or <u>effective binding</u> fragments or <u>variants</u> thereof.
- (Original) The method according to claim 23 wherein the monoclonal antibodies are humanized monoclonal antibodies or fragments thereof.
- 25. (Currently Amended) The method according to claim 23 wherein the plurality of monoclonal antibodies, or effective binding fragments or variants thereof, comprise two or more antibodies, or binding fragments thereof, that bind to different cell surface markers that recognize a myeloma cell surface marker selected from the group of CD16, CD19, CD20, CD27, CD30, CD32, CD38, CD40, CD45, CD80, CD86, CD95, CD138, HLA-A, HLA-B, HLA-C, HLA-DR, HL
- 26. (Original) The method according to claim 20 wherein said administering is carried out orally, parenterally, subcutaneously, transdermally, intravenously, intramuscularly, intraperitoneally, by intranasal instillation, by implantation, by intracavitary or intravesical instillation, intraocularly, intraarterially, intralesionally, by application to mucous membranes.

- 27. (Original) The method according to claim 20 further comprising: periodically repeating said administering.
- 28. (Currently Amended) A method of treating a B cell or plasma cell-related autoimmune disorder comprising:

providing either (i) a polyelonal anti-thymocyte serum or (ii) at least one of a plurality of monoclonal antibodies, or effective <u>binding</u> fragments or variants thereof, that bind to a B cell or plasma cell surface marker <u>selected from the group of CD27, CD30, CD38, CD95, and HLA-DR</u>; and

administering to a patient experiencing a B cell or plasma cell-related autoimmune disorder an amount of the at least one monoclonal antibody or binding fragment thereof (i) or (ii) that is effective to destroy B cells or plasma cells responsible for the autoimmune disorder, thereby treating the B cell or plasma cell-related autoimmune disorder.

29-31. (Cancelled)

- (Currently Amended) The method according to claim <u>28</u> 34 wherein the monoclonal antibodies are humanized monoclonal antibodies or <u>binding</u> fragments or <u>variants</u> thereof
- 33. (Currently Amended) The method according to claim 28 34 wherein the plurality of monoclonal antibodies, or <u>binding effective</u> fragments thereof, comprise two or more antibodies, or <u>binding fragments</u> thereof, that <u>bind to different cell surface markers</u> that recognize a B-cell or plasma cell surface marker-selected from the group of CD16, CD19, CD20, CD27, CD30, CD32, CD38, CD40, CD45, CD86, CD95, CD138, HLA-A, HLA-B, HLA-C, HLA-DR, HLA-DP, HLA-DP, MHC Class I, MHC Class II, slgG, slgM, slgD, slgE, and slgA, hyaluronic acid receptor, alpha interferon receptor, Ig-Kappa-or lambda-light chain, Ig-heavy-chain, and TNF proteins.
- 34. (Original) The method according to claim 28 wherein administering is carried out orally, parenterally, subcutaneously, transdermally, intravenously, intramuscularly, intraperitoneally, by intranasal instillation, by implantation, by intracavitary or intravesical instillation, intraocularly, intraarterially, intralesionally, by application to mucous membranes.

- 35. (Original) The method according to claim 28 further comprising: periodically repeating said administering.
- 36. (Original) The method according to claim 28 wherein the B cell or plasma cell-related autoimmune disorder is selected from the group of: systemic lupus crythematosus, Rheumatoid arthritis, diabetis, Sjogren's syndrome, Hashimoto's disease, Wegner's granulomatosis, polyarteritis nodosum, anti-cardiolipin antibody syndrome, autoimmune hepatitis, and B cells cancers of the immune system.
- (Original) A method of treating a patient for a B cell malignancy comprising:

providing either (i) a polyelonal anti-thymocyte serum or (ii) at least one of a plurality of monoclonal antibodies, or effective binding fragments or variants thereof, that bind to a malignant B cell surface marker selected from the group of CD30, CD32, CD38, CD95, CD138, HLA-A, HLA-B, and HLA-C; and

administering to a patient experiencing a B cell malignancy an amount of (i) or (ii) the at least one monoclonal antibody or binding fragment thereof that is effective to destroy malignant B cells, thereby treating the patient for the B cell malignancy.

38-40. (Cancelled)

- (Original) The method according to claim 37 wherein the monoclonal antibodies are humanized monoclonal antibodies or fragments thereof.
- 42. (Currently Amended) The method according to claim 37 wherein the plurality of monoclonal antibodies, or effective binding fragments or variants thereof, comprise two or more antibodies or binding fragments thereof that bind to different cell surface markers that recognize a myeloma cell surface marker selected from the group of CD16, CD19, CD20, CD27, CD30, CD32, CD38, CD40, CD45, CD80, CD86, CD95, CD138, HLA A, HLA B, HLA C, HLA-DR, HLA DQ, HLA DQ, HLA DQ, MHC Class I, MHC Class II, slgG, slgM, slgD, slgE, and slgA, hyaluronic acid receptor, alpha interferon receptor, Ig Kappa or lambda light chain, Ig heavy chain, and TNF proteins.

- 43. (Original) The method according to claim 37 wherein said administering is carried out orally, parenterally, subcutaneously, transdermally, intravenously, intramuscularly, intraperitoneally, by intranasal instillation, by implantation, by intracavitary or intravesical instillation, intraocularly, intraarterially, intralesionally, by application to mucous membranes.
 - 44. (Original) The method according to claim 37 further comprising: periodically repeating said administering.
- 45. (Currently Amended) A method of treating B cell or plasma cell-related alloantibody disorders in solid organ or bone marrow transplantation <u>recipients</u>, said method comprising:

providing either (i) a polyelonal anti-thymocyte serum or (ii) at least one of a plurality of monoclonal antibodies, or effective binding fragments or variants thereof, that bind to a B cell or plasma cell surface marker on B cells or plasma cells that are implicated in an alloantibody disorder, the surface marker being selected from the group of CD27, CD30, CD38, CD95, and HLA-DR; and

administering to a <u>solid organ or bone marrow transplant</u> patient experiencing a B cell or plasma cell-related <u>alloantibody</u> autoimmune disorder an amount of <u>the at least one</u> <u>monoclonal antibody or binding fragment thereof (i) or (ii)</u> that is effective to destroy B cells or plasma cells responsible for the <u>alloantibody</u> autoimmune disorder, thereby treating the B cell or plasma cell-related alloantibody disorder.

46-48. (Cancelled)

- (Currently Amended) The method according to claim 45 46 wherein the monoclonal antibodies are humanized monoclonal antibodies or fragments thereof.
- 50. (Currently Amended) The method according to claim 45 wherein the plurality of monoclonal antibodies, or effective <u>binding</u> fragments <u>or variants</u> thereof, comprise two or more antibodies, <u>or binding fragment thereof</u>, that <u>bind to different cell surface markers that recognize a myeloma cell-surface marker selected from the group of CD16, CD19, CD20, CD27, CD30, CD32, CD38, CD40, CD45, CD80, CD86, CD95, CD138, HLA A, HLA B, HLA C, HLA-DR, HLA DP, HLA DP, MHC Class I, MHC Class II, sigG, sigM, sigD, sigE, and sigA,</u>

hyaluronic acid receptor, alpha interferon receptor, Ig Kappa-or lambda-light chain, Ig heavy chain, and TNF proteins.

- 51. (Original) The method according to claim 45 wherein said administering is carried out orally, parenterally, subcutaneously, transdermally, intravenously, intramuscularly, intraperitoneally, by intranasal instillation, by implantation, by intracavitary or intravesical instillation, intraocularly, intraarterially, intralesionally, by application to mucous membranes.
 - 52. (Original) The method according to claim 45 further comprising: periodically repeating said administering.
- 53. (Currently Amended) A composition comprising two or more monoclonal antibodies or <u>binding</u> fragments or <u>variants</u> thereof that are effective in binding to a B cell or plasma cell surface marker <u>selected from the group of CD27, CD30, CD32, CD38, CD95, CD138, HLA-DR, HLA-B, and HLA-C</u>, and either individually or collectively inducing apoptosis to the bound cell
 - 54. (Cancelled)
- 55. (Currently Amended) The composition according to claim 53 wherein the monoclonal antibodies or fragments or variants thereof are humanized monoclonal antibodies or <u>binding</u> fragments thereof.
- (Currently Amended) The composition according to claim 53 comprising three or more monoclonal antibodies or binding fragments or variants thereof.